



HEALTH & EMERGENCY INFORMATION FORM

2011 - 2012

2011/2012 Season – Choir or Class: _____
(Concert, Chamber, Young Men, Intermediate, Apprentice, Preparatory, FES Ensemble FES Class)

Child's Name: _____ Birthdate: _____
Last First MI Mo. Day Year

Address: _____
Number and Street City Zip

Parent/Guardian: _____
Name Home Phone Work or Cell Phone

Parent/Guardian: _____
Name Home Phone Work or Cell Phone

CONTACT IN EMERGENCY (If Parent/Guardian can not be reached)

Name: _____

Relation: _____
Home Phone Work Phone

INSURANCE INFORMATION

Medical Insurance Company: _____ Phone Number: _____

Policy or Group Number: _____ Member ID # _____

Child's Personal Physician: _____ Phone: _____

ALLERGIES AND DIETARY RESTRICTIONS

Dietary Restrictions (include food allergies, vegetarianism): _____

Other allergies (bee stings, pollen, animals, etc.): _____

How severe? _____

Other restrictions or anything else we need to know? _____

**** Please initial the following over-the-counter medications you wish administered to your child if the need arises.**
_____ An authorized agent for LACC has permission to give my child Tylenol
_____ An authorized agent for LACC has permission to give my child Advil
_____ An authorized agent for LACC has permission to give my child antacid, over-the-counter cough/cold medicine, sore throat lozenge, antihistamine

Parent/Guardian Signature _____

Date _____